MEMORANDUM

To: Board of Regents

From: Board Office

Subject: Equipment Acquisition – University of Iowa Hospitals and Clinics

Date: January 7, 2002

Recommended Action:

Approve the purchase of a package of radiological scanning equipment – Positron Emission Tomography (PET) and Positron Emission Tomography (PET/CT) scanners totaling \$5,000,000 over five years (\$1,000,000 / fiscal year).

Executive Summary:

Equipment Request

The Regent Procedural Guide §8.11 requires Board approval for equipment costing more than \$1,000,000.

The University of Iowa Hospitals and Clinics (UIHC) requests approval to purchase a package of radiological scanning equipment over a period of five years that includes:

- Replacement of UIHC's present 12 year old PET imaging system including upgrades as new technology develops; and
- (2) Purchase of a PET/CT Scanner.

The source of funding is the UIHC Fund for Capital Equipment Acquisition for fiscal years 2002 - 2006.

PET Imaging System

PET imaging has become the premier diagnostic tool for many cancers of the lung, colon, breast, and lymph system. These new systems are needed to meet the rapidly increasing demand for PET imaging, to overcome the existing scheduling tracking, and to provide the best metabolic imaging for patients in the state of lowa. These new systems can detect smaller tumors and more accurately assess tumor growth than the older PET system currently in use at the UIHC.

Robert J. Barak

PET / CT Scanner

The second system combines the PET system with a CT scanner to form a single imaging device that allows sequential functional and anatomic imaging with near perfect co-registration. The combined system will allow a doubling of patient throughput, provide imaging time for current grant funded research, and make it possible to successfully compete for future funding. The combination of the PET and CT yields the best of both worlds – detection of specific early cancers using PET and excellent anatomic localization using CT. This is achieved with only one examination.

Deb A. Hendrickson

Approved:

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